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CONFIRMATION NO. 5014

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|--|---|--|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/623,343   | <b>FILING OR 371(c)<br/>DATE</b><br>07/18/2003<br><b>RULE</b>   | <b>CLASS</b><br>378                    | <b>GROUP ART UNIT</b><br>2882  | <b>ATTORNEY<br/>DOCKET NO.</b><br>P03,0243 |                                    |
| <b>APPLICANTS</b><br>Dieter Cherek, Hirschaid, GERMANY;<br>Robert Kagermeier, Nurnberg, GERMANY;<br>Michael Loser, Erlangen, GERMANY;<br>Donal Medlar, Weisendorf, GERMANY;<br>Hendrik Steinmann, Worms, GERMANY;<br>Uwe Urmoneit, Gerhardshofen, GERMANY;   |   |  |  |  |                                    |
| <b>** CONTINUING DATA ***** NONE</b><br><i>IK</i>  |   |  |  |  |                                    |
| <b>** FOREIGN APPLICATIONS ***** YES</b><br>GERMANY 102 32 681.9 07/18/2002<br><i>IK</i>   |   |  |  |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/21/2003</b>   |   |  |  |  |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and <i>[Signature]</i><br>Acknowledged Examiner's Signature Initials <i>IK</i> |   | <b>STATE OR<br/>COUNTRY</b><br>GERMANY | <b>SHEETS<br/>DRAWING</b><br>1   | <b>TOTAL<br/>CLAIMS</b><br>22              | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>000026574  |   |  |  |  |                                    |
| <b>TITLE</b><br>Method and device for positioning a patient in a medical diagnosis device or therapy device  |   |  |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>916  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |